

05-09-02



Op/11632/84

00270

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 065-01831
U.S. Patent and Trademark Office DEPARTMENT OF COMMERCE

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	TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/757,673
			Filing Date	01/10/2001
			First Named Inventor	James M. Wilson et al
			Group Art Unit	1632
			Examiner Name	R. Shukla
Total Number of Pages in This Submission		27	Attorney Docket Number	GNVPN.019B1USA

MAY 13 2002

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copies of (7) documents are attached herewith
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Cathy A. Kodroff, Esquire Howson and Howson
Signature	<i>Cathy A. Kodroff</i>
Date	5/7/2002

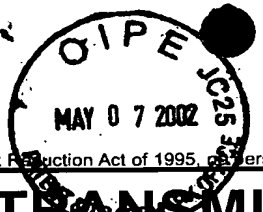
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

Typed or printed name			
Signature		Date	

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Express Mail No. ET033633310US



PTO/SB/17 (10/01)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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MAY 13 2002

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

Complete if Known

Application Number	09/757,673
Filing Date	01/10/2001
First Named Inventor	James M. Wilson et al
Examiner Name	R. Shukla
Group Art Unit	1632
Attorney Docket No.	GNVPM.019B1USA

TOTAL AMOUNT OF PAYMENT (\$) 920.00

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number: 08-3040
- Deposit Account Name: Howson and Howson
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:
- ☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE		Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	740	201	370			Utility filing fee	
106	330	206	165			Design filing fee	
107	510	207	255			Plant filing fee	
108	740	208	370			Reissue filing fee	
114	160	214	80			Provisional filing fee	
SUBTOTAL (1) (\$)							

2. EXTRA CLAIM FEES		Extra Claims		Fee from below	Fee Paid
Total Claims		-20** =		X	
Independent Claims		-3** =		X	
Multiple Dependent					

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)					

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES		Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65			Surcharge - late filing fee or oath	
127	50	227	25			Surcharge - late provisional filing fee or cover sheet	
139	130	139	130			Non-English specification	
147	2,520	147	2,520			For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*			Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*			Requesting publication of SIR after Examiner action	
115	110	215	55			Extension for reply within first month	
116	400	216	200			Extension for reply within second month	
117	920	217	460			Extension for reply within third month	920.00
118	1,440	218	720			Extension for reply within fourth month	
128	1,960	228	980			Extension for reply within fifth month	
119	320	219	160			Notice of Appeal	
120	320	220	160			Filing a brief in support of an appeal	
121	280	221	140			Request for oral hearing	
138	1,510	138	1,510			Petition to institute a public use proceeding	
140	110	240	55			Petition to revive - unavoidable	
141	1,280	241	640			Petition to revive - unintentional	
142	1,280	242	640			Utility issue fee (or reissue)	
143	460	243	230			Design issue fee	
144	620	244	310			Plant issue fee	
122	130	122	130			Petitions to the Commissioner	
123	50	123	50			Processing fee under 37 CFR 1.17(q)	
126	180	126	180			Submission of Information Disclosure Stmt	
581	40	581	40			Recording each patent assignment per property (times number of properties)	
146	740	246	370			Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370			For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370			Request for Continued Examination (RCE)	
169	900	169	900			Request for expedited examination of a design application	
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3) (\$) 920.00							

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Cathy A. Kodroff, Esquire	Registration No. (Attorney/Agent)	33,980
Signature	<i>Cathy A. Kodroff</i>	Telephone	(215) 540-9200
		Date	5/7/2002

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